

RECEIVED

FEB 13 2019

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF TENNESSEE  
Nashville DIVISION

U.S. DISTRICT COURT  
MIDDLE DISTRICT OF TENN.

Timothy A. Wiggins  
Plaintiff/Petitioner

v. Daron Hall et al.  
Defendant/Respondent

Civil Action No. \_\_\_\_\_

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Short Form – FOR PRISONERS ONLY)

**IMPORTANT NOTE FOR ALL PRISONER APPLICANTS:** Your Application must be signed where indicated by an officer at the institution where you are confined verifying the amount of money you have on deposit at that institution. The officer's signature must be notarized in accordance with Administrative Order No. 93.

IN ADDITION, unless you are filing a petition for habeas corpus under 28 U.S.C. §§ 2241, 2254, or 2255, YOU MUST SUBMIT A CERTIFIED COPY OF YOUR TRUST FUND ACCOUNT STATEMENT (OR INSTITUTIONAL EQUIVALENT) FOR THE 6-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF YOUR COMPLAINT OR NOTICE OF APPEAL, OBTAINED FROM THE APPROPRIATE OFFICIAL OF EACH PRISON AT WHICH YOU ARE OR WERE CONFINED.

I declare under penalty of perjury that I am a plaintiff or petitioner in this case; I believe I am entitled to the relief requested; and I am unable to pay the costs of these proceedings.

In further support of this application, I answer the following questions under penalty of perjury:

1. I am being held at: Davidson County Sheriff's Office
2. If I am employed at the institution where I am incarcerated, my gross pay or wages are: \$ 0.00 per (specify pay period) 0.00/1A (i.e., per week, two weeks, month).
3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

(a) Business, profession, or other self-employment	_____ Yes	<input checked="" type="checkbox"/> No
(b) Rent payments, interest, or dividends	_____ Yes	<input checked="" type="checkbox"/> No
(c) Pension, annuity, or life insurance payments	_____ Yes	<input checked="" type="checkbox"/> No
(d) Disability, or worker's compensation payments	_____ Yes	<input checked="" type="checkbox"/> No
(e) Gifts, or inheritances	_____ Yes	<input checked="" type="checkbox"/> No
(f) Any other sources	_____ Yes	<input checked="" type="checkbox"/> No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

4. Total amount of money that I have in cash or in all checking and savings accounts: \$ N/A

5. All automobiles, real estate, stocks, bonds, securities, trusts, jewelry, art work, and other financial instruments and things of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

6. All housing, transportation, utilities, loan payments, and other regular monthly expenses (describe and provide the amount of the monthly expense):

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. All debts and financial obligations (describe the amounts owed and to whom they are payable):

*Declaration:* I declare under penalty of perjury that the above information is true, and I understand that a false statement may result in a dismissal of my claims.

Date: 1-8-2019

Timothy Wiggins  
Applicant's signature  
Timothy Wiggins  
Printed name

### CERTIFICATE

#### TO BE COMPLETED BY WARDEN OR APPROPRIATE OFFICER OF INSTITUTION

I, Kristie Bratcher, being an authorized staff member for DCSO-MCC [name of facility] certify that inmate Wiggins, Timothy has the total sum of \$ 0 in his trust fund account at this facility. I hereby further certify that this inmate's trust fund average balance for the past six months has been \$ 0.

Kristie Bratcher  
Signature of Authorized Officer at the Institution

Sworn and subscribed before me this the 12<sup>th</sup> day of January, 2019.

Felicia Bender  
Notary Public

My Commission Expires: May 2, 2022

